

SERFF Tracking Number:	ARKS-125945126	State:	Arkansas
Filing Company:	31232 - Work First Casualty Company	State Tracking Number:	#10386 \$25
Company Tracking Number:	WC-AR-08-005		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	n/a		
Project Name/Number:	/		

Filing at a Glance

Company: 31232 - Work First Casualty Company

Product Name: n/a

SERFF Tr Num: ARKS-125945126 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #10386 \$25

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC-AR-08-005

State Status: Fees verified and received

Filing Type: Rate

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Author:

Disposition Date: 12/12/2008

Date Submitted: 12/12/2008

Disposition Status: Approved

Effective Date Requested (New): 07/01/2011

Effective Date (New): 07/01/2011

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: B-1412

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/12/2008

State Status Changed: 12/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Company and Contact

Filing Contact Information

NA NA,

NA@NA.com

NA

(123) 555-4567 [Phone]

NA, AR 00000

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Product Name:	n/a		
Project Name/Number:	/		

Filing Company Information

31232 - Work First Casualty Company	CoCode: 31232	State of Domicile: Arkansas
No Address	Group Code:	Company Type:
City, AR 99999	Group Name:	State ID Number:
(999) 999-9999 ext. [Phone]	FEIN Number: 99-9999999	

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<i>Product Name:</i>	<i>n/a</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	12/12/2008	12/12/2008

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<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 12/12/2008

Effective Date (New): 07/01/2011

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	ARKS-125945126		Yes

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Rate Information

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Supporting Document Schedules

Unsatisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/12/2008
Comments:				
Unsatisfied -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	12/12/2008
Comments:				
Unsatisfied -Name:	NAIC loss cost data entry document	Review Status:	Approved	12/12/2008
Comments:				
Satisfied -Name:	ARKS-125945126	Review Status:		12/12/2008
Comments:				
Attachment:	ARKS-125945126.pdf			

ARKS-125945126

CG

10386

25.00

WORKFIRST
CASUALTY COMPANY

December 8, 2008

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock AR, 72201-1904

Approved until withdrawn
or revoked

JUL 01 2011
2011 ARKS

Arkansas Insurance Department
By: *UCS*

Attention Property and Casualty Section

NAIC: 31232
FEIN: 90-0247256

RE: Work First Casualty Company
Adoption of NCCI Item B 1412 - Revision to Basic Manual Classifications and Appendix E
Classifications by Hazard Group Effective 7 1 2011
NCCI Approval Circular AR 2008-09

Company Filing # WC-AR-08-005

Dear Commissioner:

This is to inform you of our intent to adopt the above referenced item approved effective 7 1 2011.
Attached is the applicable filing fee, check # 10386 in the amount of \$25.00.

At this time, our loss cost multiplier of 1.491 approved until withdrawn or revoked on March 20,
2006 will remain in effect. We believe that we are now up to date with all filings required. If you
have any questions or concerns please contact me at the number listed below.

Your favorable review and acknowledgement is respectfully requested. Enclosed please find a self-
addressed stamped envelope for your convenience in returning the duplicate copy of this filing,
evidencing your acknowledgement.

Sincerely,

Kathy T. Forno

Kathy T. Forno, HIA, ACP
Manager, State Filings
Work First Casualty Company
3411 Silverside Road
Baynard Building, Suite 101
Wilmington, DE 19810
Ph: 302.477.1710 ext.109
Fax: 302.477.1753
kforno@workfirstcasualty.com

RECEIVED

DEC 12 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT